

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-013294

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2528

FILED MAR 20 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) Jewish Hosp.		d. STREET ADDRESS 7123 Tulane	
3. NAME OF DECEASED (Type or print) First Middle Last ABE (AKA ABRAHAM) GLAZER		4. DATE OF DEATH Month Day Year Mar. 4, 1963	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH unk.
9. AGE (last birthday) ab. 80	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY Scrap Metal
11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY Russia	
13a. FATHER'S NAME Moishe Glazer		13b. MOTHER'S MAIDEN NAME Annie (unk)	
14. NAME OF HUSBAND OR WIFE Bessie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. INFORMANT Bessie Glazer 7123 Tulane		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia & atelectasis DUE TO (b) E. Coli DUE TO (c) Old Age & Chronic Lung Disease		INTERVAL BETWEEN ONSET AND DEATH 4 wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) I.T. H of H. Hips 5272 F		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at Home	
20c. TIME OF INJURY Hour a.m. p.m. 11/28/63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. CITY, TOWN, OR LOCATION University City, Mo.		20f. COUNTY STATE	
21. I attended the deceased from 1/29/63 to DEATH and last saw her alive on 3/4/63 Death occurred at 2:05 P.M. 3/4/63 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) D.D. Reinherz M.D.	
22b. ADDRESS 516 S. Kings Highway		22c. DATE SIGNED 3/8/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 3/6/1963	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. MAR 6 1963	
26. REGISTRAR'S SIGNATURE Neal Smith M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

64

OK
Valent Taylor
3-11-63
Crown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.